

2006

## The Use of Art Therapy within Residential Care

Denise Lyons

Follow this and additional works at: <https://arrow.tudublin.ie/itbj>



Part of the [Social Work Commons](#)

### Recommended Citation

Lyons, Denise (2006) "The Use of Art Therapy within Residential Care," *The ITB Journal*: Vol. 7: Iss. 2, Article 4.

doi:10.21427/D7BB3W

Available at: <https://arrow.tudublin.ie/itbj/vol7/iss2/4>

This Article is brought to you for free and open access by the Journals Published Through Arrow at ARROW@TU Dublin. It has been accepted for inclusion in The ITB Journal by an authorized administrator of ARROW@TU Dublin. For more information, please contact [yvonne.desmond@tudublin.ie](mailto:yvonne.desmond@tudublin.ie), [arrow.admin@tudublin.ie](mailto:arrow.admin@tudublin.ie), [brian.widdis@tudublin.ie](mailto:brian.widdis@tudublin.ie).



This work is licensed under a [Creative Commons Attribution-Noncommercial-Share Alike 3.0 License](#)

# The Use of Art Therapy within Residential Care

**Denise Lyons**  
**Institute of Technology Blanchardstown**

*Denise Lyons is a Social Care Lecturer in the Department of Humanities, Institute of Technology, Blanchardstown. Prior to becoming a lecturer, Denise worked with children in residential care, both as a social care worker, and later, as an art therapist. This paper describes the practice of providing art therapy as a support for one teenage boy, living within a residential group home. This paper begins with an introduction to the history of residential care, describing the role of art therapy as an intervention within a holistic approach to social care practice. This paper concludes with a case study, illustrating the practice of art therapy in residential care.*

## History of Residential Care

Historically, residential care in Ireland consisted of children living in crowded conditions in workhouses, with few provisions (Barrington, 1987; Burke, 1987; Faughnan, 1990). The Reformatory Schools Act was introduced in Ireland in 1858, advocating the care of young offenders in purpose built institutions. The popularity of reformatory sentencing grew, and by 1870 ten reformatory schools were established, five for boys and five for girls, all funded by the public exchequer (Craig, Donnellan, Graham & Warren, 1998; Rafferty and O'Sullivan, 1999). Due to the availability of space in the reformatory schools, some homeless or abandoned children were inappropriately placed there. In the late 1860s, there was a growing recognition that reformatory schools were unsuitable for some of the residents, and in 1868 the first industrial school was opened in Ireland (Craig et al, 1998). These institutions remained virtually unchanged until the 1900s. The role of religious orders in child care provision was common throughout Europe as well as in Ireland.

The progress into smaller family run group homes was pioneered by Britain and America in the 1950s, whereas change in Ireland began later on, between the 1970s and 1980s. The principal movement for change in Ireland was influenced by the 1970 Kennedy Report, stressing the closure of the Industrial schools in favour of smaller family-run units (Gogarty, 1995; Craig, Donnellan, Graham, Warren, & Kelleher 1998; Dooney and O'Toole, 1998; Healy and Reynolds, 1998). These smaller homes evolved into the current

situation of 'residential group homes'. According to the Social Services Inspectorate (SSI) Report (DoH, 2004: 23), a total of 4984 children were in the care of the Department of Health and Children in October 2004, with "559 living in residential care".

### **Social Care Practice within Residential Care**

Everyday life within a residential centre evolves around the normal experiences of mealtimes, school, homework, family visits, and activities (Harrington and Honda, 1986; Frost, Mills and Stein, 1999; Byrne and McHugh, 2005). It is within the doing of normal life experience that the core of social care practice is performed. The key-working role, where one or two workers are named to assist in the promotion of personal and individualised care, encourages this sharing of life-experiences between both the worker and other (Byrne and McHugh, 2005). Within the practice of social care, the worker performs 'direct and indirect care' where tasks are carried out with, for, and on behalf of others (Ainsworth and Fulcher, 1981; Anglin, Denholm, Ferguson & Pense, 1990). Direct care includes building attachments, developing a relationship, listening, providing clothes, cooking dinners, and engaging in activities together. Vander Ven (1999) discussed the role activity plays within social care practice, which she defined as Activity Theory. These activities or everyday life experience, shared between the worker and young person, may include going for a walk, playing cards, or engaging in a game of football. The primary benefit of participating in activities is the development of a strong relationship (Cashdan, 1988; Fewster, 1990; Maier, 1990; Eraut, 1994; Garfat, 1999; Krueger, 1999). Nevertheless, through participation, the young person also learns new skills, interests, and ways of interacting. Indirect Care or 'organisational activities' relates to organisational design, or the environment in which the individual receives the service. It includes adhering to policies and procedures, filling out forms, writing care plans, programme planning, and communicating with schools, social workers, and other related personnel (Ainsworth and Fulcher, 1981; Anglin et al, 1990; Byrne and McHugh, 2005).

According to Anglin et al (1990), social care practice also involves the therapeutic response of the worker to the needs of others. Byrne and McHugh

(2005) stated that many children have experienced homelessness, neglect, psychological, and sometimes physical abuse, prior to entering care. As a result, the children require equal care and support for their emotional as well as physical, social, and safety needs. In order to meet the psychological needs of children, many social care agencies seek external support in the form of psychiatrists, psychologists, counsellors, and creative therapists, to name a few.

### **The Role of Art Therapy in Residential Care**

Art therapy practice is commonly offered to children presenting with emotional or behavioural difficulties, as they are deemed to have a natural relationship with image-making (Case and Dally, 1992; Robbins, 1994; Schroder, 2005). The therapeutic core of Art Therapy is based on Sigmund Freud's psychodynamic approach, which focuses primarily on unconscious thoughts, aiming to 'make the unconscious, conscious' (Mabey and Sorensen, 1995: 37). Within this therapeutic approach, past experiences are viewed in relation to the impact they may hold on the present. Image-making is viewed as pre-verbal, and engaging in image making enables the clients to experience a deeper connection to their emotions, than words alone (Waller and Gilroy, 1992; Hogan, 2001; Buchalter, 2004). Thus, images are viewed as less direct modes of communication for the client, and using the psychoanalytic approach, as possible insights to the unconscious.

The therapeutic relationship in art therapy is defined as 'triangular', between the client, the image, and the therapist (Buchalter, 2004). Within this process, the young person learns to trust both the therapist, and the message hidden within his or her own images (Case and Dally, 1992; Malchiodi, 2003). The therapist's role within this process is to guide the young person as they learn to develop a line of communication with the art images created within the session (Waller and Gilroy, 1992; Schroder, 2005). This triangular relationship is a formal contract, defined by specific boundaries (Schroder, 2005). Therapeutic boundaries are the primary difference between engaging in art activities, and the practice of art therapy (Case and Dally, 1992; Robbins, 1994; Vander Ven, 1999). The first boundary includes the creation of a safe space. If it is necessary for the art therapy sessions to occur within a designated room in the residential centre, it is important to clarify the



previous origin of this room, thus ensuring that the child does not have negative associations within the space (Robbins, 1994; Schroder, 2005). Safety is then ensured with a 'do not disturb' sign on the door, thus protecting this shared experience from interference (Buchalter, 2004). Time is also used as a therapeutic boundary, where the session occurs at a fixed time, on a designated day each week (Riley, 1999). The therapist will strictly adhere to the 'hour', which encloses the experience in a reliable time frame. According to Malchiodi (2003), the limit of time provides a structure for the experience, enabling the young person to have control over how much they are willing to share, determined by the point in the session in which they begin to discuss their feelings.

Robbins (1994) described the art therapy session as a two stage process, art making, followed by a discussion around the images made. However, Schroder (2005) stated that clients need to be developmentally, emotionally, and cognitively able to explore the possible meanings in their images, for the second stage to occur. Thus, this two stage process is only applicable to older children and adults (Riley, 1999; Kramer, 2001). The following case study is a summary of one young person's journey through art therapy. The art therapy sessions occurred within a residential centre over an eleven month period. The case study presents the two aspects of the art therapy session, the images and the discussion, which are framed within the triangular relationship between the young person, the therapist, and the images created. Permission was granted by the young person and their family, for the use of the images within this article, and all names have been changed to ensure confidentiality.

### **Art Therapy in Practice**

Tom, a sixteen year old boy, has lived in residential care since he was ten. He was placed in care, initially on a temporary basis, after the death of his mum Mary. Tom's dad Frank, suffered depression after Mary's death, and felt unable to care for Tom. Mary also suffered from depression, until her death by suicide. According to the social care team, Tom was a happy young man, who liked school, music, and hanging out his friends. Recently, staff observed that Tom's moods and behaviour appeared to change. He was spending more time in his room, often refusing to go to school, or see his friends. Tom was

referred to art therapy as a alternative therapeutic support, due to his keen interest in art.

At the initial meeting, Tom was introduced to the boundaries and practice of art therapy. For the first five sessions, Tom engaged in structured art exercises, used to slowly introduce him to the practice of image making (Case and Dally, 1992; Robbins, 1994; Schroder, 2005). On week five, Tom created (Image One), entitled 'the sad face'. Tom described this image as a man's face, which appeared quite empty. He did not understand the shapes that appeared on the right. Tom was unwilling to discuss the image further.



*Image One*

*Session Five*

After the eight session, Tom agreed to commit to art therapy on a more long term basis, stating that he was enjoying the art making. At this stage, Tom was beginning to open up, as he gradually began to discuss his images in greater detail.

In session twelve, Tom appeared more subdued than usual, and created (Image Two) after twenty minutes of quietly staring into space, while he twirled the pencil around the page. When he looked up, he had drawn lots of concentric circles. By not concentrating on his image making, Tom enabled the unconscious to emerge (Hogan, 2001; Malchiodi, 2003) He then turned the circles into barbwire and inserted a boy inside. He described the boy as 'screaming on the inside', and then disclosed that he often felt like he was

screaming inside, but he was not sure why he felt this way. For the next eight sessions, Tom focused on current issues, using his images to explore his feelings about school, and friendships. According to Gilroy and McNeilly (2000), clients often temporarily withdraw from their images if they are consciously unable to dialogue with the emerging unconscious meanings.



*Image Two*

*Session Twelve*

On week twenty, Tom appeared eager for the session, and stated that he wished to experiment with paint. Often a change in a material is an indication of a change within the therapeutic journey (Mcalagan, 2001; Malchiodi, 2003). Tom began by swirling yellow paint around the page in circles, in a similar motion used to create image two. He continued by putting red over the yellow, and then added some green. This was when the face appeared, and Tom then used the green paint, mixed with brown, to enclose the image inside a circle shape. Tom stated that he did not like this image, it was not what he wanted to paint, and that he wanted to destroy the image. Tom was asked if he would rather put the image away for a later date, and he agreed, placing the image inside his locked press.



*Image Three*

*Session Twenty*

On session twenty two, a suggestion was made to review of all the images created so far. Tom agreed to include (Image Three) in the presentation. During this session, Tom examined the similarities between the various images he produced, and he set aside the images produced in sessions five, twelve, and twenty. Examining the correlations of symbols or colours used within images encourages a deeper understanding and interpretation of these unconscious messages (Riley, 1999; Kramer, 2001; Malchiodi, 2003). These three images were used as the focus for a more in depth exploration, concentrating on the emerging feelings, associations, and possible meanings. The following is a summary of the awareness that was created from those images, reported within three difficult, but enlightening sessions.

Tom stated that the man in the images was 'him', or rather his fears manifested into a male shape. Tom initially described the male figure as Frank, and he disclosed that he felt guilty about the way Frank was portrayed in the images. He stated that he had felt angry when his father did not take him out of care, especially in the earlier years. Tom added that he loved his father, and that he knew his dad did not reject him, and as a result, he often felt guilty for being angry with Frank.

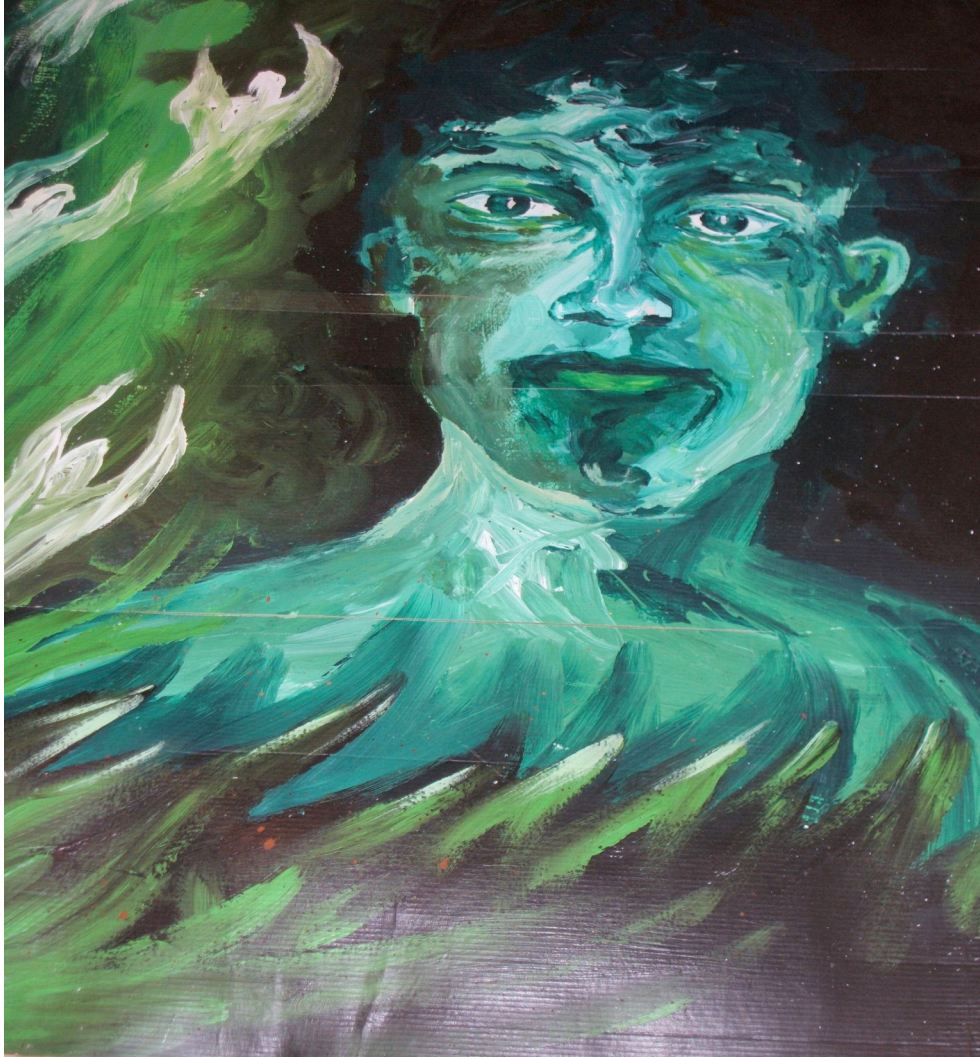
However, Tom stated that the images had begun to mean something different



for him. He was beginning to understand that he was the man in the image, or rather the drawing represented the 'mad' part of himself. Tom then began to disclose his fear about suffering from a genetic mental health disorder, inherited from his parents. He felt that he had 'madness' trapped inside of him, and that he was afraid of leaving care, in case he could not control this madness on his own. Returning to image one, he stated that the 'ghost' shapes outside the man represented the care staff in the residential centre. He felt that he kept them away, outside of himself, resulting from his fear of discussing his feelings 'out loud'. Image two also held a new meaning, where Tom stated that the barbwire felt safe, a container, and that even though he was afraid of the 'madness' it also felt familiar, 'like a connection' to his mum and dad. For the first time Tom noticed the planet to the left of the picture. He then laughed, stating that he often felt alone in the world, and here he is, the only person on his planet.

Tom spent a long time exploring image three, and according to Gilroy and McNeilly (2000: 86) "thinking involves reflection", which is "a difficult task". He stated that he initially wanted to tear up the painting, because he was afraid of this image, that it represented his madness in the guise of a monster. He was asked to have a 'conversation' with this monster in the image. The introduction of a structured technique, within an unstructured session, may shift the way the image is perceived (Gilroy and McNeilly, 2000; Schroder, 2005). From this conversation, Tom learned that this 'monster', was less scary than he originally perceived. Tom now felt that this monster was 'depression', and that the monster gained strength because he was afraid to face his potential for depression. Tom gave permission for the sharing of certain aspects of this awareness, with the staff team. Tom also stated that he felt ready to learn about the disorders that both his parents suffered from, with the help of his key worker.

In our last session, Tom painted (Image Four), and he appeared delighted with the end product. He described this image as a portrait of himself, as a stronger person. He identified the ghost like shapes, as his 'fears', stating that they have not left him, but now he is more able to face them, on his terms. Initially Tom felt that he was surrounded by green flames, but later added that these were actually fingers and hands, hugging him.



***Image Four***

***The Last Session***

By engaging in the art therapy process, Tom demonstrated his trust in the triangular relationship, between himself, his images, and the therapist (Gilroy and McNeilly, 2000; Kramer, 2001; Buchalter, 2004). Schroder (2005) defined the therapeutic relationship as a 'journey' that has a beginning, and an end, all of which are planned (Malchiodi, 2003). During the final sessions the content focused on Tom's plan after therapy, Tom appeared more confident and assured about entering into a new stage, 'facing all aspects of himself'. Over the thirty four weeks, Tom had learned to trust the messages unconsciously emerging within his images. "The therapeutic relationship, even though structured to end, often has developed a level of intimacy that a client hasn't experienced before" (Schroder, 2005: 83). This was not an issue for Tom, as he had also developed an intimate relationship with his images, which he continued to explore after the sessions ended.

In conclusion, art therapy was used as an extra support, within a holistic approach to Tom's care within the residential centre. Art therapy provided emotional support, enabling Tom to continue to engage in the ordinary activities of his life. The staff team were informed on a weekly basis on Tom's mood after the session, thus forearming the staff on the best approach to take with Tom for the rest of the day. With Tom's consent, certain aspects of the sessions were shared with the team, enabling the staff to make informed decisions about Tom's overall care. As aforementioned, it is common for social care workers to engage in art activities with the young people in their care, and this shared interaction will be a therapeutic experience for the young person. However, this use of art making is different from the role of images created in the art therapy session. Central to this are the therapeutic boundaries of safety, time, an awareness of therapeutic processes, and the role of the triangular relationship between young people, their image, and the therapist.

## Bibliography

- Ainsworth, F. & Fulcher, L. (eds.). 1981. *Group Care for Children: Concepts and Issues*. London: Tavistock Publications.
- Anglin, J.P., Denholm, C.J., Ferguson, R.V. & Pense, A.R. (eds.). 1990. *Perspectives in Professional Child and Youth Care*. London: The Haworth Press.
- Barrington, R. 1987. *Health, Medicine and Politics in Ireland 1900-1970*. Dublin: Institute of Public Administration.
- Buchalter, S.I. 2004. *A Practical Art Therapy*. London: Jessica Kingsley Publishers.
- Burke, H. 1987. *The People and the Poor Law in the Nineteenth Century*. Dublin: Women's Educational Bureau.
- Byrne, J. & McHugh, J. 2005. Residential Childcare, in Share, P. & McElwee, N. (eds.). *Applied Social Care: An Introduction for Irish Students*. Dublin: Gill and Macmillan.
- Carr, A. (ed) (2000). *What Works with Children and Adolescents*. London: Routledge.
- Case, C. & Dalley, T. 1992. *The Handbook of Art Therapy*. London: Routledge.
- Cashdan, S. 1988. *Object Relations Theory: Using the Relationship*. New York: Norton.
- Chakrabarti, M. and Hill, M. 2000. *Residential Child Care*. London: Jessica Kingsley Publishers.

- Clough, R. 2000. *The Practice of Residential Work*. London: Macmillan Press.
- Craig, S., Donnellan, M., Graham, G. & Warren, A. 1998. *Learn to Listen; The Irish report of a European Study on Residential Child Care*. Dublin: Dublin Institute of Technology.
- Craig, S., Donnellan, M., Graham, G., Warren, A. & Kelleher P. 1998. *Euro Arrcc (Care To Listen?) A Review of Residential Child care in Four European Countries*. Dublin: Centre for Social and Education Research.
- Curry, J. 2003. *The Irish Social Services 4<sup>th</sup> Edition*. Dublin: IPA.
- Department of Health and Children. 2004. *Social Services Inspectorate Annual Report*. Dublin: Government Publications Office.
- Dooney, S. & O'Toole, J. 1998. *Irish Government Today*. Dublin: Gill and Macmillan.
- Eraut, M. 1994. *Developing Professional knowledge and Competence*. London: Falmer Press.
- Faughnan, P. 1990. *Voluntary Organisations in the Social Services Field*. Dublin: Oak Tree Press.
- Fewster, G. 1990. *Growing Together: The Personal Relationship in Child and Youth Care*, in Anglin, J. et al (eds), *ibid*.
- Fewster, G. 1999. 'Turning Myself Inside out: My theory of Me', *Journal of Child and Youth Care*, 13 (2), 35-55.
- Frost, N., Mills, S. & Stein, M. 1999. *Understanding Residential Child Care*. England: Aldershot Publications.
- Garfat, T. 1999. 'Questions about Self and Relationship', *Journal of Child and Youth Care*, 13(2), iii –vi.
- Gilroy, A. & McNeilly, G. 2000. *The Changing Shape of Art Therapy*. London: Jessica Kingsley Publishers.
- Gogarty, H. 1995. The Implications of the Child Care Act for Working with Children in Care, in Ferguson, H. and Kenny, P. (eds). *On Behalf of Children*. Dublin: A and A Farmer Publications.
- Hallstedt, P. & Hogstrom, M. 2005. 'Social Care: A European Perspective', in Share, P. and McElwee, N. (eds), *Applied Social Care*, Dublin: Gill and Macmillan.
- Harrington, W. & Honda, G. 1986. 'The Roles OF The Group Home Direct Careworker', *Community Mental Health Journal*, 22 (1).
- Healy, S. & Reynolds, B. 1998. *Social Policy in Ireland*. Dublin: Oak tree Press.
- JCSCP [Joint Committee on Social Care Professionals]. (nd). *Report of Joint Committee on Social Care Professionals*. Ireland: No publisher given.
- Hogan, S. 2001. *Healing Arts: The History of Art Therapy*. London: Jessica Kingsley Publishers.
- Kramer, E. ed. 2001. *Art as Therapy*. London: Jessica Kingsley Publishers.



- Krueger, M. 1999. 'Presence as Dance in Work with Youth', *Journal of Child and Youth Care*. 13 (2) 59 -72.
- Maier, H.1990. 'A developmental Perspective for Child and Youth Care Work' in Anglin, J.P., Denholm, C.J., Ferguson, R.V. & Pense, A.R. (eds.). *Perspectives in Professional Child and Youth Care*. London: The Haworth Press.
- Mabey, J. and Sorensen, B. (1995). *Counselling for young people*. Buckingham: Open University Press.
- MacLagan, D. 2001. *Psychological Aesthetics: Painting, Feeling and Making Sense*. London: Jessica Kingsley Publishers.
- Malchiodi, C.ed. 2003. *handbook of Art Therapy*. New York: Gilford Press.
- McKeon, O. 2002. *Findings of the National Childcare Worker Survey*. Dublin: Department of Health and Children Joint Committee.
- O'Connor, T. 2006. 'Social Care Practice: Bringing Structure and Ideology in from the Cold' in O'Connor, T. Murphy, M. (eds). *Social Care in Ireland: Theory, Policy and Practice*. Cork: Cork Institute of Technology Press.
- Raferty, M. & O'Sullivan, E. 1999. *Suffer the Little Children: The Inside Story of Ireland's Industrial Schools*. Dublin: New Island Books.
- Riley, S. 1999. *Contemporary Art Therapy with Adolescents*. London: Jessica Kingsley Publishers.
- Robbins, A. 1994. *A Multi-Modal Approach to Creative Art Therapy*. London: Jessica Kingsley Publishers.
- Schroder, D. (2005). *Little Windows into Art Therapy; Small Openings for Beginning Therapists*. London: Jessica Kingsley Publishers.
- Share, P. & McElwee, N. 2005.'The Professionalism of Social Care in Ireland, in Share, P. & McElwee, N. (eds.). *Applied Social Care: An Introduction for Irish Students*. Dublin: Gill and Macmillan.
- Task Force on Child Care Services. 1980. *Final Report to the Minister for Health: Task Force on Child Care Services*. Dublin: Government Publications Office.
- VanderVen, K. 1999. 'You Are What You Do and Become What You've Done: The Role of Activity in Development of Self'. *Journal of Child and Youth Care*. Vol. 13, (2), 133 – 148.
- Waller, D. & Gilroy, A. 1992. *Art Therapy: A Handbook*. Oxford: Oxford University Press.
- Weisz, J. and Weiss, B. (1993). *Effects of Psychotherapy with Children and Adolescents*